



Bureau of HIV and STD Prevention

HIV/STD Clinical Resources Division
HIV/STD Epidemiology Division
HIV/STD Health Resources Division

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HIV/STD Policy No. 530.003

HOW TO DEAL WITH CLIENTS WHO THREATEN TO HARM THEMSELVES OR OTHERS

PURPOSE

To provide guidance to Contractors/Subcontractors (Provider) in responding to a client's violent or threatening behavior or when a client threatens suicide or exhibits suicidal behavior while providing HIV/STD prevention, clinical treatment, and social services under a contract with the Texas Department of Health (TDH), Bureau of HIV and STD Prevention (Bureau).

AUTHORITY

V.T.C.A. Health and Safety Code 611.002, Confidentiality of Information and Prohibition Against Disclosure; Health and Safety Code 611.004, Authorized Disclosure of Confidential Information Other than in Judicial or Administrative Proceeding; Health and Safety Code 81.046, Confidentiality; Health and Safety Code 81.103, Confidentiality, Criminal Penalty; Texas Administrative Code, Title 25, 98.44, Denial of Application; Modification, Suspension, or Termination of Client Benefits; Criteria; HIV/STD Policy No. 530.002, Bureau Expectations and Provider Rights Regarding the Delivery of Client Services.

DEFINITION AS USED IN THIS POLICY

Professional	a person who is licensed or certified by the state or who is an employee of a facility licensed, certified or operated by the state.
Provider	a person, agency, or facility approved by the TDH that has entered into a contract with TDH, or with a TDH contractor, to deliver state or federal HIV/STD programs to clients.

PROVIDER RIGHTS WHEN DEALING WITH A CLIENT

Providers should develop written procedures to deal with clients who are violent or exhibit threatening behavior. Providers are expected to use good judgement and attempt to resolve these situations fairly without denying services whenever possible as long as the work environment can remain free from violence or threats. (See HIV/STD Policy No. 530.002, Bureau Expectations and Provider Rights Regarding the Delivery of Client Service.)

Responding to clients who display violent or threatening behavior

When responding to clients who display violent or threatening behavior, staff should take the following actions as appropriate to the situation.

1. Remain calm and speak in a calming voice.
2. Summon a qualified mental health professional, if possible, for assistance or make a referral.
3. Reschedule the client's appointment for a time later that day or in the near future.
4. When warranted, use alternative methods to deliver services such as using the telephone for case management, mailing food vouchers or bus passes.
5. Notify the director of the contracting agency regarding serious client behavior problems for additional appropriate action.
6. Take whatever action is legally available to ensure the work environment is free from violence or threats.
7. Call the proper authorities when a client threatens staff or other clients with a weapon or creates a situation in which other clients and staff are in fear of their safety.
8. Follow-up on any referrals or other actions taken to manage the client.
9. Document any action(s) taken in the client's case file.

Responding to clients who make homicidal threats or exhibit homicidal behavior

A client who makes homicidal threats or exhibits homicidal behavior shall be taken seriously. Staff should attempt to take the following actions as appropriate to the situation:

1. Remain calm and leave the area, if possible.
2. Alert another staff member, preferably a supervisor, to the situation (this person should call the police immediately).
3. Try to calm the threatening individual (do not argue or talk back).
4. Summon a qualified mental health professional, if possible, for assistance or make a referral.
5. Notify the director of the contracting agency regarding serious client behavior problems for additional appropriate action.
6. Call the proper authorities when a client threatens staff or other clients with a weapon or creates a situation in which other clients and staff are in fear of their safety.
7. Follow-up on any referrals or other actions taken to manage the client.
8. Document any action(s) taken in the client's file.

Responding to clients who threaten suicide or exhibit suicidal behavior

A client who threatens suicide or exhibits suicidal behavior shall be taken seriously. Staff should carefully question clients to determine the seriousness of the threat prior to taking any action. Unqualified staff should not attempt to diagnose the mental health

status of clients beyond identification of a potential suicidal situation. The following questions may be used to obtain more information from the client:

1. Ask the client what is meant by the threat.
2. Ask the client if he or she has ever attempted suicide before.
3. Ask the client if there is a history of suicide in the client's family or if someone close to the client has ever committed suicide.
4. Try to find out if the client has a plan and has a means to commit suicide.

Any staff member confronted with a suicidal threat should take the following actions as appropriate to the situation:

1. Attempt to detain the client until the extent of the client's need for further help can be determined and the appropriate referral made or action taken.
2. Attempt to persuade the client to talk with a mental health professional or if he or she already has one, assist the client in contacting his or her mental health professional.
3. Contact a family member or friend of the client, if the client is willing, and discuss a protection/safety plan.
4. Complete a "No Harm Agreement" (see attached example) that will cover the time period from the current occurrence until the client's next contact with a case manager or mental health provider (the client should keep a copy and a copy should be placed in the client's chart).
5. If none of the above, the staff member should contact the appropriate mental health center and refer the client (the most likely contact in this case will be the Mental Health and Mental Retardation provider in the local county).
6. Give the client written instructions about how to contact their local crisis hotline and the local hospital emergency room.
7. If unsuccessful with the above, call 911 and request a mental health officer.
8. Notify the director of the contracting agency regarding serious client behavior problems for additional appropriate action.
9. Follow-up on any referrals or other actions taken to manage the client.
10. Document any action taken on behalf of the client in the client's case file.

OBLIGATION TO REPORT

Communications between a patient and a professional, and records of the identity, diagnosis, evaluation, or treatment of a patient that are created or maintained by a professional, are confidential (Health and Safety Code §611.002). However, a professional **may** disclose confidential information to medical or law enforcement personnel if the professional determines that there is a probability of **imminent** physical injury by the patient to the patient or others, or there is a probability of **immediate** mental or emotional injury to the patient (Health and Safety Code §611.004).

WHERE TO GO FOR HELP

When desired, the Provider may contact the HIV/STD Clinical Resources Division or HIV/STD Health Resources Division to discuss specific situations or to obtain technical assistance. **Decisions regarding whether to continue, modify, suspend, or terminate client services remain with the Provider.** (See “HIV/STD Policy No. 530.002, Bureau Expectations and Provider Rights Regarding the Delivery of Client Service” for more information.)

For an on-line directory of suicide hotlines, go to www.suicidehotlines.com/texas or call the National Hope Line Network at 1-800-SUICIDE (1-800-784-2433).

DATE OF LAST REVIEW:

November 13, 2002 Converted format from WordPerfect to Word.

REVISIONS

Page 3, line 10	Changed the sentence from “Any staff member who feels that a suicidal threat may be serious should....” to read “Any staff member confronted with a suicidal threat should....”
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NO HARM AGREEMENT

1. I, _____, agree not to kill myself, attempt to kill myself, or hurt myself during the period from _____ to _____. The time of my next appointment.
2. I agree to get enough sleep and to eat well.
3. I agree to get rid of things I could use to hurt or kill myself - my guns and pills, or other items listed here _____.
4. I agree that if I have a bad time and feel that I might hurt myself, I will call (insert local crisis hotline name & number).
5. I agree that these conditions are part of my case management contract with _____.

SIGNED: _____ DATE: _____

WITNESSED: _____ DATE: _____